

Rabies Exposure Evaluation

Please complete the survey below.

Thank you!

Background: There has never been a documented case of human-to-human transmission of rabies with the exception of special circumstances of transplants of cornea, human tissue and solid organs. Due to the presence of virus in some fluids such as saliva, cerebrospinal fluid (CSF), tears and respiratory tract fluids, it is theoretically possible for a person to spread rabies to another person through contact with certain body fluids. Rabies is not found in urine, blood, serum, or feces. Public health and healthcare providers are assessing all healthcare workers who may have had contact with the patient during the infectious period. Please refer to your email invitation for the patient's information, infectious period, and your employer's point of contact.

Please fill out this online questionnaire to help assess your exposure risk. Provide your contact information on the next page so you can be contacted for rabies post exposure prophylaxis (PEP) if a potential risk is identified. Rabies PEP is highly effective when given early after a potential exposure and consists of a series of vaccines (Day 0, 3, 7 and 14) and a single shot of rabies immunoglobulin on Day 0. Day 0 is the start date of the rabies vaccine.

If you have any questions for public health, please contact the Utah Department of Health at 801-538-6191.

Demographic Information

Your First Name:

Last Name:

Phone Number:

City

Home Zip Code:

Date of Birth

Sex:

- Female
 Male

Exposure Information

Hospital facility where you worked:

In which department(s) did you work during the exposure time frame.

What was your job title at that time?

Briefly describe your job responsibilities at that time related to the patient:

Have you had any of the following exposures related to the patient?

 Yes No

1) Physical contact with body fluids that may have contained saliva, tears, cerebral spinal fluid (CSF), or respiratory tract fluids.

2) Laboratory specimens associated with testing for rabies.

3) Sustained a needle-stick from a contaminated needle.

(Please note: blood, feces & urine are not considered infectious for rabies).

Are there any potential exposures you're concerned about (ex: patient spitting, uncovered sneezing/coughing, etc.)?

 Yes No

Based on your answers to the above two questions, you were not exposed to infectious materials and you are not a candidate to receive rabies post exposure prophylaxis (PEP).

If you click next, you will continue on to the survey meant to assess risk for participants that marked yes to either of the above questions, or you can close your browser window now.

If you have any questions or concerns, please refer to your email invitation for your employer's point of contact or the Utah Department of Health (801-538-6191).

Would you like to end the survey now?

 Yes No

Exposure Information

Were you bitten by this patient at any time during their hospital visit/stay? Yes
 No

Did the bite you sustained break the skin? Yes
 No

Were you ever kissed by this patient? Yes
 No

Exposure Information: Saliva and Respiratory Secretions

Did you have contact with the patient's saliva (or respiratory secretions that may have contained saliva) such that these materials would have come in contact with your eyes, nose, mouth, or broken skin?

- Yes
- No

Exposure Information, CSF

Did you have contact with the patient's cerebrospinal fluid (CSF) such that the CSF would have come in contact with your eyes, nose, mouth, or broken skin?

- Yes
- No

Exposure Information: Tears

Did you ever have direct contact with the patient's tears such that the tears would have come in contact with your eyes, nose, mouth, or broken skin?

- Yes
- No

Exposure Information: Care

Did you intubate this patient? Yes

No

Were you wearing any type of face shield or other barrier that would have covered your eyes, nose and mouth? Yes

No

If you were not wearing any type of face shield or other barrier, did any respiratory secretions come in contact with your eyes, nose, mouth, or broken skin? Yes

No

Did you perform or assist with any tracheal tube maintenance or assist with/perform other duties associated with the patient's oral cavity? Yes

No

Were you wearing any type of face shield or other barrier that would have covered your eyes, nose and mouth? Yes

No

If you were not wearing any type of face shield or other barrier, did any respiratory secretions come in contact with your eyes, nose, mouth, or broken skin? Yes

No

Exposure Information, Laboratory

Did you sustain a needle stick with any needle that may have been in contact with the patient's nervous system tissue, CSF, tears, respiratory secretions, or saliva?

- Yes
 No

Do you recall having contact with the patient's laboratory specimens that may have contained tears, saliva, respiratory secretions that may have contained saliva, CSF, neural tissue (examples include skin biopsy, brain, spinal cord tissue), such that those materials would have come in contact with your eyes, nose, mouth, or broken skin?

- Yes
 No

Vaccination History

Have you previously been immunized against rabies?

Yes

No

Other Concerns

Are there any other potential exposures you are concerned about?

- Yes
- No

Please specify your concerns (e.g: patient spitting, uncovered sneezing/coughing, etc)?

Recommendation

Based on this risk assessment, you are a candidate to receive rabies post exposure prophylaxis (PEP).

Please refer to your email invitation for directions to receive PEP and print this page for your records. If you have any questions, please contact your employer or the Utah Department of Health (801-538-6191).

More information on rabies PEP is available at: <https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5902a1.htm>

Please acknowledge this recommendation by clicking yes and submitting the survey.

Yes
 No

Given your answers or previous vaccine status, this tool was not able to fully assess your risk.

Please print this page for your records and refer to the email invitation for your employer's point of contact or contact the Utah Department of Health (801-538-6191) for further evaluation.

Please acknowledge this recommendation by clicking yes and submitting the survey.

Yes
 No

Based on this risk assessment, you are not a candidate to receive rabies post exposure prophylaxis (PEP).

Please print this page for your records. If you have any questions or concerns refer to your email invitation for your employer's point of contact or the Utah Department of Health (801-538-6191).

Please click yes and continue to submit your survey.

Yes
 No